

SILICON VALLEY ACADEMY

To Inspire
the Love of
Learning

Application for Admission 2009-2010 Submit with \$200 fee

1095 Dunford Way Bldg 400, Sunnyvale, CA 94087
Phone (408) 243-9333 Fax(408) 243-4151
www.svagroup.net

New Re-enrollment **Grade (circle one):** Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th
Student Information (Please *print* clearly)

Student's last name: _____ First name: _____ Middle Initial: _____

Birth date: _____ Age: _____ Boy Girl Soc. Sec. No: _____ - _____ - _____

Place of birth: _____ State/Country of birth: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Other phone/pager: _____

Student lives with

Parents Father only
 Mother only Other _____

Has student applied/attended SVA before? Yes No

Are siblings currently attending SVA? Yes No

Names of siblings/ grade level:

1 _____ 2 _____ 3 _____

Last school attended

Name: _____

Phone: _____

Address: _____

Street

State

Zip

County: _____ Last grade completed: _____

Parent Information: If student is not residing with both parents, proof of custody must be submitted.

Father (or guardian) Please inform the school if there is any change in the information provided here.

Last name: _____ First name: _____ Middle initial: _____

Address (if different from students): _____ City: _____ State: _____ Zip: _____

Home phone: _____ Profession: _____ Soc. Security No: _____

Employer's name: _____ Occupation: _____

Employer's address: _____ Work phone: _____

Cell phone: _____ Email: _____

Mother (or guardian) Please inform the school if there is any change in the information provided here.

Last name: _____ First name: _____ Middle initial: _____

Address (if different from students): _____ City: _____ State: _____ Zip: _____

Home phone: _____ Profession: _____ Soc. Security No: _____

Employer's name: _____ Occupation: _____

Employer's address: _____ Work phone: _____

Cell phone: _____ Email: _____

For Office Use ONLY:

Registration Fees \$ _____ CK# _____ Cash \$ _____

Materials Fees \$350 CK# _____ Cash \$ _____

OTHER FEES _____ Auto Tuition Payment/Post-dated ck# _____

For Office Use Only:

Sibling Priority: _____

Accepted/Denied/Wait List

Other Information:

Race: White Black, or African American American Indian, Alaskan Native Asian Native Hawaiian Other Pacific Islanders

Ancestry: (Refers to an individual's nationality, lineage, or country where parents were born before arriving in the United States) _____

Language(s) Spoken

The following questions are helpful in determining the language(s) spoken at home by students and assist us in providing meaningful instruction for all students.

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home? _____

Date student first attended school in the US, grades K-12 _____

Has the student ever been enrolled in a special education program? Yes No

Emergency contacts other than parents (include 3 local contacts and *one out-of-state contact*, if possible):

Name: _____ Relationship: _____ Daytime phone: _____

Name: _____ Relationship: _____ Daytime phone: _____

Name: _____ Relationship: _____ Daytime phone: _____

Name: _____ *Relationship:* _____ *Daytime phone:* _____

Name of State person above resides in: _____

SVA Emergency Policy: Minor first aid will be administered by SVA staff. Parents and emergency contacts will be called for injuries/illnesses beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. The SVA emergency policy is in effect for all students. I give my permission to any SVA staff to call 911 when needed and administer first aid in the case of an emergency.

Parent Signature: _____

List in priority order, names of persons (including parents) authorized to sign child out of school, including in the case of an emergency. Photo identification is required for student pickup.

1) _____ 2) _____

3) _____ 4) _____

Medical Contacts:

Physician name: _____ Physician phone: _____

Dentist name: _____ Dentist phone: _____

Parents' /Guardian's Consent:

Yes, I give permission to SVA, to publish my child's picture on the SVA website & other school publications.

Signature: _____

Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities? Yes No

Is there any other medical information or conditions SVA should be aware of? _____

I understand that I need to fulfill my 20 hours volunteer time during the year. If I do not fulfill these hours by the appointed dates, my post-dated \$300 Volunteer check will be cashed.

I affirm that all the above information to be up to date and accurate.

Parent's signature: _____ Date: _____

Print name of parent signing above: _____